



COPY OF PAPERS  
ORIGINALLY FILED

Please type a plus sign (+) inside this box



PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/037,004
Filing Date	01/02/2002
First Named Inventor	Conlan et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	75978/16010

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has procured other counsel and has requested the law firm of Arter & Hadden, including all attorneys associated with Customer No. 23380, to transfer applicant's file to the lawfirm of Baker & McKenzie, whose address is listed below.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number

Place Customer Number  
Bar Code Label here

OR

☒ Firm or  
Individual Name

James D. Jacobs, Esq.,

Address

Baker & McKenzie

Address

805 Third Avenue

City

New York

State

NY

ZIP

10022

Country

United States

Telephone

(212) 891-3951

Fax

(212) 759-9133

This request is enclosed in triplicate.

Name

Susan L. Mizer, Reg. No. 38,245

Signature

*[Handwritten Signature]*

Date

*[Handwritten Date: 2/23/02]*

**NOTE:** Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS  
ORIGINALLY FILED

0300

6

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/037,004	
	Filing Date	01/02/2002	
	First Named Inventor	Conlan et al.	
	Group Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	75978/16010

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Susan L. Mizer, Reg. No. 38,245 Arter & Hadden LLP
Signature	
Date	4/25/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1-24-2002			
Typed or printed name	Anna C. Kundel		
Signature	Anna C. Kundel	Date	1-24-2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No.: 75978/10734